

**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
P. O. Box 3378  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on H.B. 174**  
**RELATING TO HEALTH**

REPRESENTATIVE DELLA AU BELATTI, CHAIR  
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 4, 2015

Room Number: 329

**Fiscal Implications:** The proposed mandate for health insurance coverage of medically necessary orthodontic services for children with orofacial anomalies will reduce the financial burden for families whose health insurance does not cover such services. Based on the State Auditor's report, the financial impact on health insurers is expected to be minimal.

**Department Testimony:** The Department of Health (DOH) is providing comments on the proposed health insurance coverage for medically necessary orthodontic services for the treatment for individuals under age 26 years who were born with an orofacial anomaly such as cleft lip and palate.

In Hawai'i, the rate of children with orofacial anomalies is estimated to be one in every 500 births. Children with orofacial anomalies require orthodontic services as an integral part of the treatment process that also involves the pediatric dentist, oral maxillofacial surgeon, plastic surgeon, and other specialists. Children with orofacial anomalies may require up to three separate phases of orthodontic treatment due to changes in dentition and facial structure with maturity.

Without appropriate treatment, children born with orofacial anomalies such as cleft lip and/or palate experience long- and short-term problems, including feeding and growth, frequent ear infections, hearing loss, speech delays and difficulties, dental and orthodontic malocclusion, and social-emotional challenges.

The State Auditor studied the social and financial effects of mandating health insurance coverage for medically necessary orthodontic treatment of persons with orofacial anomalies ("Study of Mandatory Health Insurance for Treatment of Orofacial Anomalies", Report No. 14-08, September 2014, <http://files.hawaii.gov/auditor/Reports/2014/14-08.pdf>). The report recommends requiring

1 health insurance coverage medically necessary orthodontic treatment for orofacial anomalies, based on  
2 the following:

- 3       ▪ **Social impacts to patients are significant.** Treatment cost estimates range from  
4       approximately \$5,700 to \$20,000 or more. The lack of insurance coverage for medically  
5       necessary orthodontic services for orofacial anomalies places a significant financial  
6       hardship on families that cannot receive grants or qualify for state assistance through  
7       the DOH Children with Special Health Needs Program.
- 8       ▪ **Financial impacts on insurers are minimal.** Reports from California and Massachusetts  
9       indicate that mandated insurance coverage for orofacial anomalies increased premiums  
10      by two to four cents, or less, per member per month.

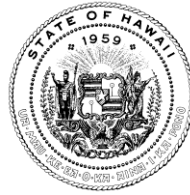
11           As of July 2014, 16 states have laws requiring private health insurers to cover orthodontics used  
12      to treat cleft lip or palate, craniofacial disorders, or other birth defects requiring orthodontic treatment.

13           In Hawai'i, orthodontic treatment for orofacial anomalies is not generally available as a benefit  
14      covered by private health insurers; however, it is a benefit for eligible families who have Medicaid or  
15      TRICARE coverage.

16           Improving access to health care services contributes toward eliminating disparities and  
17      improving the health of Hawai'i residents. This addresses Health Equity, which is one of the foundations  
18      in the Department's Strategic Plan.

19           Thank you for the opportunity to testify.

20      **Offered Amendments:** None.



DAVID Y. IGE  
GOVERNOR

SHAN S. TSUTSUI  
LT. GOVERNOR

**STATE OF HAWAII**  
**OFFICE OF THE DIRECTOR**  
**DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**  
335 MERCHANT STREET, ROOM 310  
P.O. Box 541  
HONOLULU, HAWAII 96809  
Phone Number: 586-2850  
Fax Number: 586-2856  
[www.hawaii.gov/dcca](http://www.hawaii.gov/dcca)

CATHERINE P. AWAKUNI COLÓN  
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI  
DEPUTY DIRECTOR

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-EIGHTH LEGISLATURE  
Regular Session of 2015

Wednesday, February 4, 2015  
9:00 a.m.

**TESTIMONY ON HOUSE BILL NO. 174 – RELATING TO HEALTH.**

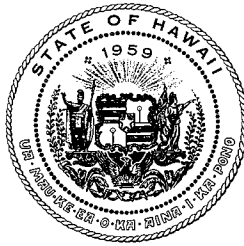
TO THE HONORABLE DELLA AU BELATTI, CHAIR, AND MEMBERS OF THE  
COMMITTEE:

My name is Gordon Ito, State Insurance Commissioner (“Commissioner”),  
testifying on behalf of the Department of Commerce and Consumer Affairs  
(“Department”). The Department takes no position on this bill, and submits the following  
comments on this bill.

The purpose of this bill is to add a new mandated health insurance benefit  
requiring health insurers, mutual benefit societies, and health maintenance  
organizations to provide coverage of medically necessary orthodontic services for the  
treatment of orofacial anomalies resulting from birth defects or syndromes.

Notwithstanding proposed paragraph (g), the addition of a new mandated  
coverage may trigger section 1311(d)(3) of federal Patient Protection and Affordable  
Care Act which requires states to defray the additional cost of any benefits in excess of  
the essential health benefits of the state’s qualified health plan. The Department defers  
to the Auditor's study (report no. 14-08, September 2014) on mandating insurance  
coverage for orofacial anomalies.

We thank the Committee for the opportunity to present testimony on this matter.



**TESTIMONY OF JAN K. YAMANE, ACTING STATE AUDITOR ON  
HOUSE BILL NO. 174, RELATING TO HEALTH**

**House Committee on Health  
February 4, 2015**

Chair Belatti and Members of the Committee:

I am Jan Yamane, Acting State Auditor. Thank you for this opportunity to testify in support of House Bill No. 174, relating to health, which follows our recommendation in Report No. 14-08, entitled *Study of Proposed Mandatory Health Insurance Treatment of Orofacial Anomalies*. The 2014 Legislature asked our office to assess the social and financial effects of mandating health insurance coverage for medically necessary orthodontic treatment of persons with orofacial anomalies, as proposed in House Bill No. 2522 (HB 2522) of the 2014 Regular Session, which is similar in most respects to House Bill No. 174 (HB 174).

The purpose of HB 174 is to promote quality health care procedures by requiring health insurance coverage for medically necessary orthodontic treatment of orofacial anomalies. HB 174 establishes the maximum dollar-amount benefit allowed per treatment phase at \$5,500. (This is \$500 more than the amount proposed last year in HB 2522.) The bill would mitigate a significant financial hardship for working families whose private medical insurance does not cover medically necessary orthodontic services for children born with orofacial anomalies, including cleft lip or palate or other birth defects of the mouth and face affecting functions such as eating, chewing, speech and respiration. The bill shifts out-of-pocket costs incurred by these families to the insurers, by requiring them to cover direct or consultative services by a licensed orthodontist, similar to families enrolled in programs administered by the Med-QUEST Division of the Department of

Human Services. Although the effect on insurance premiums is unknown, cost and usage of orthodontic services to treat orofacial anomalies overall is not likely to increase because children requiring such services generally obtain the services, albeit often delayed until payment issues are resolved.

Thank you for the opportunity to testify in support of HB 174. I would be pleased to answer any questions that you may have.



DAVID Y. IGE  
GOVERNOR

SHAN S. TSUTSUI  
LT. GOVERNOR

**STATE OF HAWAII**  
**OFFICE OF THE DIRECTOR**  
**DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**  
335 MERCHANT STREET, ROOM 310  
P.O. Box 541  
HONOLULU, HAWAII 96809  
Phone Number: 586-2850  
Fax Number: 586-2856  
[www.hawaii.gov/dcca](http://www.hawaii.gov/dcca)

CATHERINE P. AWAKUNI COLÓN  
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI  
DEPUTY DIRECTOR

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-EIGHTH LEGISLATURE  
Regular Session of 2015

Wednesday, February 4, 2015  
9:00 a.m.

**TESTIMONY ON HOUSE BILL NO. 174 – RELATING TO HEALTH.**

TO THE HONORABLE DELLA AU BELATTI, CHAIR, AND MEMBERS OF THE  
COMMITTEE:

My name is Gordon Ito, State Insurance Commissioner (“Commissioner”),  
testifying on behalf of the Department of Commerce and Consumer Affairs  
(“Department”). The Department takes no position on this bill, and submits the following  
comments on this bill.

The purpose of this bill is to add a new mandated health insurance benefit  
requiring health insurers, mutual benefit societies, and health maintenance  
organizations to provide coverage of medically necessary orthodontic services for the  
treatment of orofacial anomalies resulting from birth defects or syndromes.

Notwithstanding proposed paragraph (g), the addition of a new mandated  
coverage may trigger section 1311(d)(3) of federal Patient Protection and Affordable  
Care Act which requires states to defray the additional cost of any benefits in excess of  
the essential health benefits of the state’s qualified health plan. The Department defers  
to the Auditor's study (report no. 14-08, September 2014) on mandating insurance  
coverage for orofacial anomalies.

We thank the Committee for the opportunity to present testimony on this matter.





**STATE OF HAWAII**  
STATE COUNCIL  
ON DEVELOPMENTAL DISABILITIES  
919 ALA MOANA BOULEVARD, ROOM 113  
HONOLULU, HAWAII 96814  
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543  
February 4, 2015

The Honorable Della Au Belatti, Chair  
House Committee on Health  
Twenty-Eighth Legislature  
State Capitol  
State of Hawaii  
Honolulu, Hawaii 96813

Dear Representative Belatti and Members of the Committee:

SUBJECT: HB 174 – Relating to Health

The State Council on Developmental Disabilities (DD) **SUPPORTS HB 174**. The purpose of this bill is to promote quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

The Council is aware that Section 23-51, HRS, requires that before any legislative measure mandating health insurance coverage can be considered, concurrent resolutions must be passed by the Legislature requesting the Auditor to submit a report to the Legislature that assesses both the social and financial effects of the proposed mandated coverage. This was completed and transmitted to the Twenty-Eighth Legislature on September 16, 2014, Report No. 14-08.

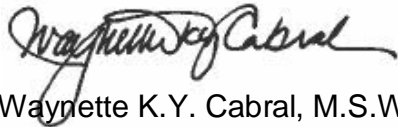
The Council recognizes that orthodontics has been a covered medical benefit of the Hawaii Medicaid program for several years, and medically necessary orthodontics are included as an essential health benefit under pediatric oral health in the State's healthcare benefits package. However, private health insurers are NOT mandated to provide the coverage. Without treatment, the individual will experience a lifetime of consequences associated with nutritional and functional deficiencies, speech impairment, malocclusion and premature tooth loss, and adverse psychosocial effects.

The Council appreciates the Legislature's initiative in addressing mandated coverage of medically necessary orthodontics by private health insurers.

The Honorable Della Au Belatti  
Page 2  
February 4, 2015

Thank you for the opportunity to submit **supportive testimony for HB 174**.

Sincerely,



Waynette K.Y. Cabral, M.S.W.  
Executive Administrator



Rosie Rowe  
Chair

From: mailinglist@capitol.hawaii.gov  
Sent: Tuesday, February 03, 2015 10:16 AM  
To: HLTtestimony  
Cc: davidcolincho@yahoo.com  
Subject: Submitted testimony for HB174 on Feb 4, 2015 09:00AM

**HB174**

Submitted on: 2/3/2015

Testimony for HLT on Feb 4, 2015 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
David Cho	Individual	Comments Only	No

Comments: Children born with cleft lip and palate and other craniofacial deformities have major abnormalities to their teeth and their gum line. These abnormalities are directly related to their birth defect diagnosis. The abnormality needs to be repaired just as one would repair a lip if the lip is cleft. Orthodontic care is an essential treatment for these diagnoses. I was born with a cleft lip and I received orthodontic care which positively changed my life forever and gave me a functional bite. All children should have this medical benefit. -Dr. David C. Cho Plastic Surgeon , Hawaii Pacific Health

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)

creagan3 - Karina

---

From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 02, 2015 4:22 PM  
To: HLTtestimony  
Cc: michael.r.hamilton@kp.org  
Subject: Submitted testimony for HB174 on Feb 4, 2015 09:00AM

**HB174**

Submitted on: 2/2/2015

Testimony for HLT on Feb 4, 2015 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Hamilton	Hawaii Chapter, American Academy of Pediatrics	Support	No

Comments: I am submitting written testimony in support of HB 174 addressing medically necessary orthodontic treatment for orofacial anomalies. In order for children with congenital orofacial abnormalities to receive the full complement of care that they require, insurance coverage for the orthodontic component of their care is essential. Sincerely, R. Michael Hamilton, MD, MS, FAAP  
President, Hawaii Chapter of the American Academy of Pediatrics.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email  
webmaster@capitol.hawaii.gov

**Wednesday – February, 4, 2015 9:00am**  
**Conference Room 329**

**HOUSE COMMITTEE ON HEALTH**

Representative Della Au Belatti, Chair  
Representative Richard P. Creagan, Vice Chair

From: Malia Shimokawa, MD  
Kapi'olani Cleft and Craniofacial Center

**Re: HB 174 Relating to Health**  
**Testimony in Support**

-----  
My name is Malia Shimokawa, MD, and I am one of the team leaders of the Cleft and Craniofacial Center of Kapi'olani Medical Center for Women & Children (Kapi'olani). Kapi'olani Medical Center is the state's only maternity, newborn and pediatric specialty hospital. It is also a tertiary care, medical teaching and research facility. Specialty services for patients throughout Hawai'i and the Pacific Region include intensive care for infants and children, 24-hour emergency pediatric care, air transport, maternal-fetal medicine and high-risk perinatal care. The not-for-profit hospital offers several community programs and services, such as the Kapi'olani Child Protection Center and the Sex Abuse Treatment Center. Additionally, Kapi'olani's Women's Center is ranked among the top in the nation. Kapi'olani Medical Center is an affiliate of Hawai'i Pacific Health, the state's largest health care provider.

I write in support HB 174 which would mandate health insurance coverage of orthodontic treatment for orofacial anomalies. The rate of children with orofacial anomalies such as cleft lip or cleft palate in Hawaii is estimated to be one in five hundred. Orthodontic treatment is a critical component of care in these cases. Without orthodontic treatment, individuals with orofacial anomalies may experience serious functional deficiencies in chewing, swallowing, respiration, speech, unstable or malpositioned oral structures, and inadequate dentition. For many families, the expense for this type of treatment is not affordable.

HCR 100 which was adopted by the legislature in 2014 requested the Auditor to assess the social and financial effects of mandating health insurance coverage for medically necessary orthodontic treatment of persons with orofacial anomalies. The Auditor's report issued in September 2014 concluded that requiring health insurance coverage would provide a substantial social benefit in exchange for a minimal cost to private insurers. Coverage would mitigate a significant financial hardship for working families whose private medical insurance does not cover medically necessary orthodontic services for their children born with orofacial anomalies. Notably, medically necessary orthodontics for orofacial anomalies has been a covered medical benefit of the Medicaid program. Several states also provide orthodontic treatment as a mandated health benefit.

Thus, we strongly support health insurance coverage for the treatment of orofacial anomalies, and ask your Committee to pass this measure.

Thank you for the opportunity to provide this testimony.



February 4, 2015

The Honorable Della Au Belatti, Chair  
The Honorable Richard P. Creagan, Vice Chair  
House Committee on Health

**Re: HB 174 – Relating to the Health**

Dear Chair Au Belatti, Vice Chair Creagan and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 174, which would require health insurance coverage for orthodontic treatment for orofacial anomalies. HMSA has a suggested amendment to this Bill.

We are aware that the State Auditor's Report 14-08 recommended passage of similar legislation, although the true financial impact to health insurance premiums could not be determined. Despite that, should the Committee consider passing this measure, we believe the benefit should be available to all affected children and young adults, whether their coverage is thru a plan purchased through the Hawaii Health Connector or thru a plan outside of the Connector.

To accomplish this, we suggest that the HB 174 be amended where Section 431:10A-\_\_\_(g) in Section 2 of the Bill is deleted in full as follows:

~~[(g) As of January 1, 2016, to the extent that this section requires benefits that exceed the essential health benefits specified under section 1302(b) of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), the specific benefits that exceed the specified essential health benefits shall not be required of a qualified health plan when the plan is offered in this State through the Hawaii health insurance exchange by a health carrier. Nothing in this subsection shall nullify the application of this section to plans offered outside the exchange.]~~

Thank you for the opportunity to testify on HB 174. Your consideration of our request is appreciated.

Sincerely,

Jennifer Diesman  
Vice President  
Government Relations

Twenty Eighth Legislature, 2015  
State of Hawaii

Representative Della Au Belatti, Chair  
Representative Richard P. Creagan, Vice Chair  
House Committee on Health

Eileen C. Matsumoto  
237 Kaiolohia Place  
Honolulu, HI 96825  
#808-294-2763

February 4, 2015

**Support** of H.B. 174, Relating to Health

My name is Eileen Matsumoto and I have been working as a Registered Nurse for over thirty five years; both in the private and public sectors. The cost of health care is very high. For families whose children have a cleft lip and palate, the range of medical, dental and other services can exceed \$100,000 from birth until late adolescence.

I am testifying in support of HB 174 which would promote quality health care procedures in the State by requiring health coverage for medically necessary orthodontic treatment of orofacial anomalies.

For working parents, whether single or a couple, or parents working several part time jobs, the out of pocket expense for orthodontic treatment for their children with cleft lip and /or palate is a significant cost that can range from \$5,700 up to \$20,000. There may be up to three separate phases of orthodontic treatment related to the cleft condition. In between orthodontic treatments there is often surgical correction of the cleft site between the teeth where no bone ever developed. Orthodontic treatment is an integral part of **medical** treatment to correct the birth defect, therefore medically necessary.

Sixteen states have enacted legislation requiring private or commercial health plans to provide coverage for medically necessary orthodontic treatment of cleft lip and palate and other orofacial conditions. The Hawaii State Auditor's report of September, 2014, No. 14-08 recommended health insurers cover medically necessary orthodontic treatment as it would mitigate a significant financial hardship for working families whose private medical insurance does not cover medically necessary orthodontic services for their children with orofacial anomalies. It also found that the cost to health plans will be minimal. In Massachusetts and California, premium costs increased by \$.02/member/month or less than \$0.24/year.

The Hawaii Medicaid Program is already providing coverage for medically necessary orthodontic treatment for these children. The ACA requires pediatric oral health include medically necessary orthodontic treatment.

Support for HB 174 will address the disparity in health coverage for children covered under private/commercial health plans and promote quality health care. Thank you for this opportunity to testify in support of this bill.



Twenty Eighth Legislature, 2015  
State of Hawaii

Representative Dell Au Belatti, Chair  
Representative Richard P. Creagan, Vice Chair  
House Committee on Health

Grace Miyata  
P O Box 185  
Kealahou, Hawaii 96750

February 4, 2015

Support of H.B. 174, Relating to Health-Requires health insurance coverage of  
orthodontic treatment for orofacial anomalies.

My name is Grace Miyata and I have been a social worker working with children with various special health needs for over 29 years on Hawaii Island. I would like to provide testimony in strong support of HB 174 as it will help working families with private insurance afford medically necessary orthodontic services for their children born with orofacial anomalies. Passage of this bill will ensure all children with orofacial anomalies will receive the timely treatment they need to continue following their medical treatment plan. Children who are covered by Medicaid continue to have coverage for medically necessary orthodontic treatment. The 2014 state auditor's report reiterates medically necessary orthodontia coverage should be a mandatory benefit to all children born with orofacial anomalies, specifically children covered under their private insurance plan. It also notes overall cost would be minimal compared to the substantial difference timely orthodontia treatment would make in a child's overall health status.

Families often anguish over their inability to afford the high cost of their child's medically necessary orthodontic treatment because of financial hardship and the automatic denial of orthodontic treatment by their private insurance plans. After all the sacrifices, surgeries, countless medical specialists and therapist visits their children born with orofacial anomalies have managed to get through, families fear and know their inability to pay for timely orthodontic treatment could negatively affect their child's life. Discontinuing the automatic denial of orthodontia coverage for children born with orofacial anomalies means one less burden for their families who are doing their best in helping reach their child reach his/her optimal health status, physical, social-emotional functioning, and productivity.

Thank you for this opportunity to provide testimony in support of HB 174: Requires health insurance coverage of orthodontic treatment for orofacial anomalies.

Grace Miyata

Kathleen Mishina, RN, BSN, MPH  
P. O. Box 740  
Captain Cook, HI. 96704

Twenty Eighth Legislature, 2015  
State of Hawaii

Representative Dell Au Belatti, Chair  
Representative Richard P. Creagan, Vice Chair  
House Committee on Health

Date of Hearing: February 4, 2015

Support of H.B. 174, Relating to Health

I am a registered nurse with 35 years of work experience in hospital, community and public health. My entire nursing career has been practiced in the State of Hawaii. Twenty two of my 35 years of nursing had been as a public health nurse. I am currently retired, however, I am very familiar with the children who have orofacial anomalies. Throughout my years as a public health nurse, I worked closely with families whose child was born with an orofacial anomaly. I understand the financial barriers to accessing care, and the complexity of case managing a condition that requires years of medical care and intervention.

I support the findings of the state auditor's 2014 sunrise study on the advisability of mandating insurance coverage for orofacial anomalies (Report No. 14-08), which provides evidence for support of this bill. I am requesting your support of HB 174, which would require health insurance coverage of medically necessary orthodontic treatment for children with orofacial anomalies.

The most compelling reason to pass this bill is to provide timely and equal access to orthodontic services for all children through all private health insurance plans. Families who do not qualify for Medicaid face economic hardship and may delay timely treatment intervention for medically necessary treatment. Children whose treatment is delayed due to cost, are at greater risk for poor self-esteem, and often require therapy due to speech delays, poor articulation, or unintelligible speech. This often requires a school age child in the Department of Education to be enrolled in speech therapy services under the Individuals with Disabilities Act (IDEA, Part B). Timely orthodontic treatment can greatly improve articulation and intelligibility of speech, and reduce the duration for specialized educational services.

In closing, I ask that you and your committee members pass this bill so that all individual, group accident and health or sickness insurance policies issued in the State of Hawaii provide coverage for medically necessary orthodontic treatment and services for children with orofacial anomalies.

Sincerely,

Kathleen Mishina, RN, BSN, MPH

Twenty Eighth Legislature, 2015  
State of Hawaii

Representative Della Au Belatti, Chair  
Representative Richard P. Creagan, Vice Chair  
House Committee on Health

Kelli-Ann Voloch, MD  
46-281 Haiku Rd.  
Kaneohe, HI 96744

February 2, 2015

#### Support of H.B. 174, Relating to Health

My name is Dr. Kelli-Ann Frank Voloch, Parent of a child with an original unique smile! I'm privileged to coordinate the Lifetime of Smiles Cleft lip and palate support group at Kapiolani Medical Center for the past five years, a Pediatrician at the Waianae Coast Comprehensive Health Center for nearly fifteen years, and an Assistant Professor at the University of Hawaii John A. Burns School of Medicine for approximately ten years. I am providing this letter to request your strong support in favor of **H.B. 174** which would promote quality health care procedures in the State by requiring health coverage for medically necessary orthodontic treatment of orofacial anomalies.

As a parent of a pre-teen who has undergone multiple craniofacial surgeries, bone grafting procedures, and currently in phase 2 of 3 Orthodontia, we humbly request health coverage for medically necessary Orthodontic treatment of cleft lip and palate and other orofacial (face and mouth) anomalies (birth defects). Without the multiple phases of orthodontia the social impact of a lifetime of teasing, speech delays, difficulty eating and chewing, and low self-esteem would be devastating. We pay large health insurance and dental premiums only to be restricted to a lifetime maximum of \$2000 for orthodontia. Obviously this is not sufficient for the multiple phases required for children with orofacial anomalies and the financial hardship is significant for middle class families. The proposed bill will shift the out-of-pocket costs by requiring health insurers to provide coverage for services rendered by licensed orthodontist, as currently provided by the Med-QUEST program of the Department of Human Services. Sixteen states already mandate health insurance coverage for orthodontic services to children with cleft lip and palate and orofacial anomalies.

The social impact of H.B.174 will improve health outcomes of children with cleft lip and palate. We humbly request that you consider the above to bring parity among all families in the State of Hawaii. Orthodontic treatment of cleft lip and palate is NOT cosmetic. It is part of medical treatment due to the congenital birth defect. Remember Med-Quest program of DHS already covers these services for children with orofacial anomalies. This is a disparity in health coverage!

**Thank you and aloha for this opportunity to support of H.B. 174, let's attain parity across ALL insurances for our children with Cleft lip and palate and other orofacial anomalies.**

**SMILE today for the children born with Cleft lip and palate in Hawaii!!**

**Mahalo,**

**Kelli-Ann Voloch, MD**

State Capitol  
State of Hawaii

The Honorable Rep. Della Au Belatti, Chair  
Rep. Richard P. Creagan, Vice Chair  
House Committee on Health  
Twenty-eighth State Legislature, 2015

Kim and Jerry Virtudazo  
91-1205 PiiPii St.  
Ewa Beach, Hi 96706

February 2, 2015

RE: HB 174 – Relating to Health

Dear Chair Belatti, Vice Chair Creagan, and Members of the committee:

My name is Kim Virtudazo and I am a public school teacher at a James Campbell High School. I am writing you as a parent; My two year old son was born with a severe cleft lip and cleft palate. I am here to provide testimony in support of HB 174, which would promote quality health care procedure in the State by requiring health coverage for medically necessary orthodontic treatment of orofacial anomalies.

The biggest misconception of cleft lips and palates is that it's only a cosmetic imperfection; I myself, believed this before I learned of my son's condition. Today Logan is three years old. At birth the severity of his cleft caused secretion (milk mixed with bodily fluids that would cause choking). Because of the severity, I had to stop working for 9 months to tend to him. Through Easter Seals, Logan began his speech and occupational therapy at 7 weeks old. At 3 months old, Logan underwent his lip repair surgery. At the age of 11 months, he underwent his palate repair surgery and received hearing tubes. He now has a few years to enjoy until his next surgery. Logan has a gap in his gums and he will need to have bone grafting sometime between the ages of 6 -9.

So far, the medical bills have been manageable but I am concerned with this next surgery. As a public school teacher, and my husband a purchasing agent, we can't afford a payment of \$5,000-\$10,000 for something that is medically necessary. Our son has gone through so much and the added cost of surgery will be an additional burden on our family. As a teacher, I see firsthand how difficult it is being a kid. Kids can be mean and not having this surgery is not an option for our family – I will not allow my son to be treated differently or bullied for something that can be fixed. However, having to pay for this surgery fully will put a financial strain on our family. Having to pay thousands for a medically necessary surgery seems inhumane.

Without this surgery, our son's speech, feeding, swallowing, self-esteem, etc. will be affected. The State and Federal government recognizes that the surgery is medically necessary, covering it under MedQuest and Medicaid, it's time that the private insurance companies do the same. I humbly ask you to please support HB 174.

Thank you for this opportunity to testify and please pass HB174.

Sincerely,  
Kim and Jerry Virtudazo (for Logan 3 years old)

From: mailinglist@capitol.hawaii.gov  
Sent: Tuesday, February 03, 2015 6:31 AM  
To: HLTtestimony  
Cc: laramats@gmail.com  
Subject: Submitted testimony for HB174 on Feb 4, 2015 09:00AM

**HB174**

Submitted on: 2/3/2015

Testimony for HLT on Feb 4, 2015 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Lara Matsumoto	Individual	Support	No

Comments: 3 February 2015 To whom it may concern: I am writing in strong support of House Bill 174, which would require health insurance companies to cover orthodontic treatment for orofacial anomalies. Care for individuals with orofacial anomalies requires a team-based approach including medicine, dentistry, nursing, speech therapy, audiology, otolaryngology and other disciplines. Orthodontic treatment is an essential part of caring for this patient population. For working families, the expenses related to such treatment can be considerable. Orthodontic treatment is deemed medically necessary to prevent long-term complications; such complications not only impair functioning and decrease quality of life, but also add up to far higher expenditures on health care in the future. If long-term complications and increased need for constant rehabilitative services and surgeries can be circumvented by preventive measures taken early in life, everyone (patients, families, communities, tax payers, etc.) will benefit in the long run. Respectfully, Lara Matsumoto, RN, MSN

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)

Twenty Eight Legislature 2015-02-03  
State of Hawaii

Revised  
2-3-15

Representative Della Au Belatti, Chair  
Representative Richard P. Creagan, Vice Chair  
House Committee on Health

David Usui  
94-308 Malana place  
Mililani, Hi 96789 721-5220/625-7499 wk

Feb 4, 2015-02-03 Support of H.B. 174 Relating to Health

Introduction:

Good Morning Honorable Representatives, thank you for allowing me to share my testimony with you. My name is David Usui and I'm a parent of a child who was born with a cleft lip and cleft palate. I am testifying on behalf of passing H.B. 174 which would promote quality health care procedures in the State by requiring health coverage for medically necessary orthodontic treatment of oral facial anomalies.

Content:

Why am I in favor of passing this bill? It is that w/o insurance coverage on this type of medical procedure, it will place a HUGE financial hardship on the families that have to pay out of pocket money to cover the future surgeries. This could lead into the thousands of dollars that would have to be paid either first or later when the procedures are done. Living in Hawaii is already expensive with the high cost of living such as rent mortgage, utilities, food, bills etc. And having to pay for the necessary surgery so our children can live a healthy normal life, it's going to be very expensive and add to our financial burdens. Many families in Hawaii, ours included just survive on a month to month basis. So having this type of medical insurance will ease the financial burdens of the many families struggling to deal with cleft lip and

palate. Many children also have speech delays due to this problem and having to put appliances/ retainers into their mouths can also be very expensive.

Rewinding the tape back to 2009 my wife and I adopted Diane, our 2 ½ year old daughter from China who was born with a cleft lip and palate. By the time we had seen her picture, they had surgically repaired her lip but she would need surgery to repair her palate. After showing her medical history with her future pediatrician, he gave the go ahead and mentioned that Kapiolani Children's hospital had just recently started a cranial facial clinic that would provide services for children born with cleft lip and cleft palate. Little did we know that this would lead to many more surgeries and challenges.

Not only did she need surgery for her cleft palate, but also needed tubes in her ears due to her cleft palate and that she would be prone to future ear infections w/o the tubes. We also found out that due to the above issue, that she has suffered a moderate conductive hearing loss in her right ear. She then had a flangeal flap surgery 2 ½ yrs ago to fix another related issue due to her cleft palate. But that surgery caused her to develop sleep apnea so now in 2 weeks she is going for another surgery to correct that. 7 yrs old and already 6 surgeries.

But this is now where I ask for the passing of this bill. Last year she had to have major oral facial surgery in which some bone from her hip would be needed to graft into her mouth to form in a area where there was no bone due to her cleft lip and palate so that her permanent teeth could fall into place and take root into the bone line. We were told that this isn't covered and would have to pay out of pocket money first, and then file a claim after the surgery. Well, the bill came out to over \$6400 which we had to charge since it needed to be paid first. Our beautiful little girl now has a 2 inch scar on her left hip; it's very emotional to see that on a



7 yr old girl. And as for the claim, we have yet to hear or receive anything back from our insurance co. Now to repay a bill that large is not easy and by the time it's paid of on the card, it will cost us well over the \$6400 that was spent and could balloon up to over \$9,000 due to the interest. Having such medical insurance to cover this procedure could have saved us a lot of money.

She is now 7 and will probably require many more orthodontic procedures to fix her teeth as they come out in the coming years. As of now she has a 'appliance' inside her mouth to create space for the permanent teeth coming out and will require further work to be done. Because of this, it's adding to her speech development and delays also.

This bill will allow our child and other children and their families to have a lesser financial burden to carry without breaking the bank account to pay for out of pocket expenses beforehand. I believe that there are states that have such type of insurance coverage on this medical issue.

Closing:

In closing honorable representatives I again would like to state my testimony for passage of this bill as it would ease the financial hardships of ours and many other families whose child has to deal with these oral facial anomalies. Let me leave you with this thought. What if the roles were reversed and you had or someone close to you had a child with cleft lip/palate and had to pay out of pocket expenses just so that your child wouldn't be teased, can be on par with his or her peers in speech and even in self esteem. Would you be facing financial hardship? Would you have to look for another job, or relocate to another state that has such insurance coverage for such procedures? This I ask you humbly as a parent of a special needs child to please pass this bill for the sake and future of our children and their families. Thank You.

Sincerely,  
David Usui

February 2, 2015

**Re: HB174 Relating to Health**

I am a pediatrician at the Waianae Coast Comprehensive Health Center and a faculty member at the University of Hawaii John A. Burns School of Medicine Department of Pediatrics. I am writing submitting this testimony in strong support of **HB174**, to ensure health insurance coverage of orthodontic treatment for children with congenital craniofacial anomalies, such as cleft lip and palate.

Children who are born with cleft lip and/or palate and other related abnormalities have problems feeding, speaking as well as ear and dental problems. Treatment includes management by a multi-disciplinary team including plastic surgeons, ear/nose/throat surgeons, and orthodontists to address oral and jaw abnormalities. This treatment must begin while the child is growing and developing to insure best results. Without adequate orthodontic care, children can have lifelong health problems including speech impairment, difficulties chewing and swallowing food and liquids, and breathing problems. Currently orthodontic services are covered by Hawaii's Medicaid Program. However, most private health insurance plans in Hawaii do not cover these services. This creates an unfair and significant financial hardship to working families trying to make ends meet.

As a pediatrician who serves lower and middle-income families, I urge you to support this important bill. Please let me know if you have any questions.

Thank you very much.

A handwritten signature in dark ink, appearing to read 'May Okihiro', with a stylized flourish at the end.

May Okihiro, MD MS  
Pediatrician, Waianae Coast Comprehensive Health Center  
Assistant Professor, University of Hawaii John A. Burns School of Medicine Department of Pediatrics  
Email: mokihiro@me.com

Twenty Eighth Legislature, 2015  
State of Hawaii

Representative Dell Au Belatti, Chair  
Representative Richard P. Creagan, Vice Chair  
House Committee on Health

Melissa Ann Newberg and Max Edward Newberg  
68-1853 Paniolo Place Waikoloa, Hawaii 96738

February 4, 2015

Support of H.B. 174, Relating to Health

My name is Melissa Ann Newberg and my husband Max and I are the parents of three wonderful and happy children. Our middle daughter, Alena, was born with a cleft lip and palate and we would like to urge you to support H.B. 174 for all children born with orofacial anomalies who are covered by private health insurance.

Alena is seven and we are beginning the long journey of orthodontic treatment. Because Alena was born with orofacial anomalies, orthodontic treatment is not cosmetic in nature. It is another phase in Alena's medical treatment plan. Orthodontic treatment is timed to solidify all the past surgeries and procedures she has had so far. We have been both dreaded and looked forward to Alena's orthodontic phase. Positives for Alena include building upon previous reconstructive work to mitigate the functional difficulties she has had in speech, dental problems and rectifying malpositioned oral structures. Luckily, Alena recognizes all of her hard work and suffering has been toward optimal health and functioning. Unfortunately, the high cost of orthodontic treatment will be a hardship for our family. Our private insurance does not cover orthodontic treatment and we have not been able to change the health plan's viewing all orthodontic treatment as cosmetic. This seems unreasonable in view of Alena's past medical history, surgeries, struggles and absolute adherence to her medical treatment plan.

As we urge you to support HB 174, please remember potential life long social-emotional cost to children born with orofacial anomalies should medically necessary orthodontic treatment be denied in lieu of cost. All children deserve an equal chance to thrive in the world and private insurance companies have failed to look beyond this with an automatic denial of orthodontic treatment. Children who have Medicaid insurance are covered for medically necessary orthodontic treatment. Please help private insurance companies understand their obligation to cover medically necessary orthodontic treatment for children born with orofacial anomalies.

Thank you for this opportunity to provide testimony in support of HB 174.

Melissa and Max Newberg

Twenty Eighth Legislature, 2015  
State of Hawaii

Representative Della Au Belatti, Chair  
Representative Richard P. Creagan, Vice Chair  
House Committee on Health

Helen Lau, RN, MS, CPNP  
1319 Punahou Street  
Honolulu, HI 96826

February 4, 2015

#### Support of H.B. 174, Relating to Health

My name is Helen Lau and I am a pediatric nurse practitioner with the Kapi‘olani Cleft and Craniofacial Center. I have been practicing in Cleft and Craniofacial for almost 8 years of which 2 have been in Hawai‘i and the rest in Los Angeles.

I am testifying in favor of H.B. 174 which would promote quality health care procedures in the State by requiring health coverage for medically necessary orthodontic treatment of orofacial anomalies. Pre-surgical orthodontics aligns the alveolus segments in order for the oral surgeon to place a bone graft in the bony defect of the upper jaw. This bony defect is due to a cleft through the alveolus. Without pre-surgical orthodontics to prepare the child with cleft or craniofacial anomaly, outcomes for bony intake from the graft may be compromised.

Having an unrepaired alveolar cleft or failed bone graft can cause speech and feeding problems. Food can get trapped in the space or can continue to reflux into the nasal cavity. Speech sounds can be affected as well.

I am in favor of HB 174 as it supports the medical need for pre-surgical orthodontics as part of a long term timed treatment plan in reconstructive repair of the child born with cleft or craniofacial anomalies. By mandating coverage, it decreases the potential for delayed treatment.

Twenty Eighth Legislature, 2015  
State of Hawaii

Representative Dell Au Belatti, Chair  
Representative Richard P. Creagan, Vice Chair  
House Committee on Health

Michele Elbertson  
P O Box 5375  
Kailua-Kona, Hawaii 96745

February 4, 2015

Support of H.B. 174, Relating to Health:

My name is Michele Elbertson and I am the proud parent of Sammy who was born with an orofacial anomaly including a cleft palate and small jaw. Sammy had his latest surgery last year and is now ready for the orthodontic phase of his treatment plan. We have come a long way and have relied on Sammy's craniofacial specialty team at Kapiolani Hospital to guide us with his medical treatment plan.

I am in support of H.B. 174 which would require health insurance coverage of orthodontic treatment for orofacial anomalies. The bill would make it possible for all children born with orofacial anomalies, like Sammy, to get coverage for the orthodontic phase of their treatment plan. Without orthodontic treatment, Sammy's will not get the needed care and the successful restructuring in his past surgeries will certainly be compromised. Sammy continues to make improvements in overall physical and emotional health and orthodontic treatment paired with last year's palate surgery, (and previous surgeries), will vastly improve Sammy's speech and his ability to be understood by his peers in school and in the community.

I urge you to support HB 174 so other children born with orofacial anomalies can move forward with the orthodontic phase of their medical treatment plan. Do not let a child's progress be hampered by something totally out of their control and possibly compromise the progress of the hard work and sacrifices already made by the child and family. Thank you for the opportunity to provide written testimony in support of House Bill 174.

Michele Elbertson  
Samuel Cronk

Twenty Eighth Legislature, 2015  
State of Hawaii

Representative Della Au Belatti, Chair  
Representative Richard P. Creagan, Vice Chair  
House Committee on Health

Robert Voloch  
46-281 Haiku Rd.  
Kaneohe, HI 96744

February 2, 2015

Support of H.B. 174, Relating to Health

My name is Robert Voloch, Parent of a son with an original unique smile co-founder of the Lifetime of Smiles Cleft lip and palate support group at Kapiolani Medical Center for the past five years. I am providing this letter to request your strong support in favor of **H.B. 174** which would promote quality health care procedures in the State by requiring health coverage for medically necessary orthodontic treatment of orofacial anomalies.

As a parent of a pre-teen who has undergone multiple craniofacial surgeries, bone grafting procedures, and currently in phase 2 of 3 Orthodontia, we humbly request health coverage for medically necessary Orthodontic treatment of cleft lip and palate and other orofacial (face and mouth) anomalies (birth defects). Without the multiple phases of orthodontia the social impact of a lifetime of teasing, speech delays, difficulty eating and chewing, and low self-esteem would be devastating. We pay large health insurance and dental premiums only to be restricted to a lifetime maximum of \$2000 orthodontic coverage. Obviously this is not sufficient for the multiple phases required for children with orofacial anomalies.

The social impact of **H.B.174** will improve health outcomes of children with cleft lip and palate. I humbly request that you consider the above to bring parity among all families in the State of Hawaii. Orthodontic treatment of cleft lip and palate is NOT cosmetic. It is part of medical treatment due to the congenital birth defect.

**Thank you and aloha for this opportunity to support of H.B. 174, let's attain parity across ALL insurances for our children with Cleft lip and palate and other orofacial anomalies.**

**SMILE today for the children born with Cleft lip and palate in Hawaii!!!**



Twenty Eighth Legislature, 2015  
State of Hawaii

Representative Della Au Belatti, Chair  
Representative Richard P. Creagan, Vice Chair  
House Committee on Health

Sue Jean Hasegawa  
95-211 Pililua Place  
Mililani, HI 96789

February 4, 2015

Support of H.B. 174, Relating to Health

To the Honorable Dell Au Belatti, the Honorable Richard P. Creagan, and Members of the House Committee on Health

**I strongly support** H.B. 174, which requires insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

As the mother of an adult woman who was born with a cleft lip and palate, I understand the challenges faced by many families in trying to provide medically necessary orthodontic services to their children. People with orofacial differences, such as my daughter, require orthodontic treatment. These services are not simply cosmetic. Without these services, long-term dental outcomes, eating, and speech can all be affected.

However, many insurance companies, including our own, will not cover orthodontic services even if they are medically necessary. Our physicians wrote letters in support of coverage for my daughter's treatment, but our insurance company still denied payment. In the end, my daughter's orthodontist worked out a discounted payment plan for my daughter, and my husband and I covered the services out-of-pocket. I realize that we were fortunate enough to be able to afford orthodontic treatment for my daughter. Many families in Hawai'i are not so lucky and struggle to be able to provide services for their children.

The recent auditor's report (No. 14-08) agreed and recommended insurance coverage of orthodontic treatment for individuals with an orofacial difference.

It is for these reasons that I strongly support H.B. 174. I believe this bill will significantly and positively impact the health of individuals born with an orofacial difference.

Thank for you for your time in considering my testimony in support of H.B. 174.

Sue Jean Hasegawa - Mother of a woman with a cleft lip and palate  
95-211 Pililua Place, Mililani, HI 96789

808-623-6790

Twenty Eighth Legislature, 2015  
State of Hawaii

Representative Dell Au Belatti, Chair  
Representative Richard P. Creagan, Vice Chair  
House Committee on Health

Vivian Realista  
Armando Realista  
Kapaau, Hawaii

February 4, 2015

Support of H.B. 174, Relating to Health

My name is Vivian Realista. My husband and I are the proud parents of our son Armando Realista, age 17. Armando was born with an orofacial anomaly called Treacher Collins Syndrome. Armando will be graduating from Kohala High School this year and is looking forward to college.

We are providing testimony in support of HB 174 and understand first hand the importance of medical coverage for medically necessary orthodontic treatment because Armando is now ready to begin his orthodontic treatment. Armando has had several surgeries and procedures, over the years, leading up to this phase of orthodontic treatment, including several complex and painful surgeries. Armando's medical treatment plan is developed and regularly reviewed by the Kapiolani Craniofacial and Cleft clinic specialists. Following completion of orthodontic treatment, Armando will then be ready to close his tracheostomy. Without the orthodontic treatment and oral structure repositioning, Armando could not eventually have his tracheostomy permanently closed. We could never afford the cost of orthodontic treatments and are fortunate because medicaid will cover Armando's orthodontic treatments. We know of other children, covered by private insurance, and their parents won't be able to afford the orthodontic treatments without tremendous hardship. Their child's treatment plan will be frozen and the child cannot get to the next phase of repair. Many of these children, are like Armando and have already gone through painful surgeries just getting ready for the orthodontic phase of their treatment plan. These children and their families need your help.

We would like to urge you to please support all families with private insurance who have a child needing medically necessary orthodontic treatment by supporting HB 174. You have the power to help all children born with orofacial anomalies get the needed treatment they need to continue on with their treatment plan. Thank you for allowing us to submit written testimony in support of HB 174.

Vivian and Armando Realista

